# Ag-Discovery 2011 APPLICATION

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A copy of	your IMMU		N FORM from y		or local health o	lepartment; 2	2) Proof of	heal	th coverage
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#### **ESSAY**

### ON A SEPARATE SHEET OF PAPER, PLEASE PREPARE A 2-PAGE ESSAY WHICH ADDRESSES THE FOLLOWING QUESTIONS:

Insert the name	of the participating	university you woul	d like to attend)	
Vhat I Want to	o Learn			

• What are Some of my Hobbies and Interests

#### PARENTAL RELEASE FORM

health and may participate in strenuous physical activities associated with the Program. I agree to defend, indemnify, and hold harmless USDA-APHIS as servants, agents and/or employees, contractors, and insurers from any and a child during his/her participation in this program.	he Ag-Discovery Summer Enrichment nd the selected university, its officers,
Permission is hereby granted to the U.S. Department of Agriculture and	s as well as to travel on field trips both in eive emergency medical treatment, if
I understand and acknowledge that Ag-Discovery does not offer any medical makes no claims to do so, and has no responsibility for any medical expension participant must assume the risk and any related financial responsibility that these activities. I agree to assume any risk and financial responsibility.	es incurred. I understand that each
I have received a copy of the Student Contract, and I have reviewed it with	my child.
Parent/Legal Guardian's Signature:	_ Date:

### **Student Contract**

Accepta respons		gram is a privilege, but it also requires students and parents to assume certain
Student	: I,ed by USDA-APHIS and (	as a participant in AG- DISCOVERY, a summer youth enrichment program
-F		insert university name
do here	by accept the conditions stipulated by	pelow:
		to all sessions and activities, unless excused by a staff member. ul and courteous manner at all times.
3.	ethnic affiliations.	alize that I will be in constant contact with people from varying cultures and
4.	night by a chaperone.	nes regarding lights-out and bedtime and that there will be a bed check every
	be sent home immediately AT M	
6.	Friendships are encouraged from infractions may be cause for dist	n, cohabitation or co-mingling of any kind during the program. n a plutonic standpoint only. Any disregard in this matter or any other missal from the program and parents alerted of the misconduct.
		sponsible for any damage to equipment or facilities. seplay, fighting, or inappropriate acts is prohibited.
8. 9.		k/radio, no electronic equipment (including TVs, portable radio/CD players, or
).	computer games) will not be allow	
10		ior tolerated at any time. That includes fighting, bullying, cyber-bullying, undue
10.		eneral disregard for yourself and the people around you.
11.		es and other facilities on and off campus at all times.
12.	The use of cell phones and other h the instrument will be confiscated	andheld devices is strictly prohibited during the presentations, any such misuse; until the end of the program.
		not allowed to have personal vehicles on campus.
	sandals. No student will be allowed	aki shorts, denim shorts, t-shirts, one-piece swimsuit, tennis shoes, and/or ed to wear overly provocative or offensive clothing.
15.		ny kind they should be brought to the attention of supervision and handled kind should be handled by the students.
16.		rules of the Ag-DISCOVERY program.
<b>G</b> :	or CC Lore	Division
Signatu	re of Student:	Date:
	PICTUI	RE and video RELEASE STATEMENT
As pare consent material	to USDA-APHIS and the selected u	I fully understand the conditions stipulated above and hereby give full university to reproduce my child's picture and video in future promotional
Parent of	or Legal Guardian Signature	Date

### Summer Enrichment Program Letter of Recommendation For:

		Student's Name)	
			and are familiar with your schoolwork, selor, elder, minister, <i>NOT A RELATIVE</i>
program at	(/		Discovery Program, a summer enrichmen ted States Department of Agriculture, ate sheet of paper if needed).
Your Name:		Title	
Address:	Street		
	City	State	ZIP code
Telephone Number:			
PLEASE ADDRESS THE (	OUESTIONS LISTED BELO	OW:	
How do you know	the student?		
** 1 1	1 1 1 0		
<ul> <li>How long have you</li> </ul>	known the student?		
What do you know	about the student's character.	aptitude for learning, and interest i	n agriculture, if known?
William do you illiow	acour are statement a character,	aparado for fourning, uno interest i	agriculture, a mile will
Signature of Respondent:		Da	te:
Your letter is confidential: P	ease note the deadline for rece	eiving the application and related n	naterials is April 15, 2011.
Send this form along with a	ny additional pages to comp	lete the Letter of Recommendation	on in a sealed envelope to:
		SDA-APHIS-CREC	
		attn: Beatrice Jacobs	
Your letter is confidential: P	lease note the deadline for reco ny additional pages to compl U A	lete the Letter of Recommendation	naterials is April 15, 2011.

Riverdale, MD 20737

If you have any questions, please contact Ms. Beatrice Jacobs (Beatrice.f.jacobs@aphis.usda.gov) or Ms. Terry Henson (terry.a.henson@aphis.usda.gov) at (301) 734-6312.

#### **Checklist**

#### A complete application package should include the following materials:

- Completed Signed Application
- 2-page Essay
- Parental Release Form
- Three Letters of Recommendation one recommendation must be from a certified teacher or counselor
   The letters must be mailed separately by respondents
- Proof of Age (copy of birth certificate, driver's license, etc.)
- Proof of School Enrollment
- Signed Student/Parent Contract and Signed Picture Release Statement

#### PLEASE MAIL YOUR COMPLETE APPLICATION PACKAGE TO:

Ms. Beatrice Jacobs
USDA, APHIS, Office of the Administrator
Civil Rights Enforcement and Compliance
4700 River Road, Unit 92
Riverdale, MD 20737–1234

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0362. The time required to complete this information collection is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579-0362 EXP. 03/2013